

CORPORATION NAME				MAIL TO: Balance Due Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365		 MAIL TO: Refund or No Amount Due Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700									
NUMBER AND STREET															
CITY OR TOWN, STATE, ZIP CODE															
MITS/MO I.D. NUMBER		CHARTER NUMBER		FEDERAL I.D. NUMBER		FORM MO-1120S <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Missouri S Corporation INCOME TAX Return for 2005 Beginning _____, 20____ Ending _____, 20____ </div> <div style="width: 45%;"> Missouri S Corporation FRANCHISE TAX Return for 2006 Beginning _____, 20____ Ending _____, 20____ </div> </div>									
<input type="checkbox"/> Check Applicable Boxes <input type="checkbox"/> Amended Return <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Final Corporate Income Tax Return <input type="checkbox"/> Bankruptcy		Balance Sheet Date (MMDDYY) ____/____/____				SOFTWARE VENDOR CODE (Assigned by DOR) 002							
<input type="checkbox"/> A. Check this box and sign below if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe franchise tax. If your assets do exceed the \$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 15 below.								<input type="checkbox"/> B. Return filed for BOTH (income and franchise) <input type="checkbox"/> C. Return filed for INCOME tax only <input type="checkbox"/> D. Return filed for FRANCHISE tax only							
S CORP. 1. Does the S corporation have ANY Missouri modifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–14 below and page 2. 2. Does the S corporation have ANY nonresident shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Lines 1–14 below and Schedule MO-NRS. 3. Does S corporation have income derived from sources other than Missouri? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete and attach Schedule MO-MSS.															
MISSOURI S CORPORATION ADJUSTMENT															
Additions (attach detailed explanation of each item) 1a. State and local income taxes deducted on Federal Form 1120S 1a _____ 00 1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1. 1b _____ 00 2a. State and local bond interest (except Missouri) 2a _____ 00 2b. Less: related expenses (omit if less than \$500) Enter Line 2a less Line 2b on Line 2 2b _____ 00 3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____) 3 _____ 00 4. Missouri depreciation basis adjustment (Section 143.121.2(c) RSMo) 4 _____ 00 5. Total of Lines 1 through 4 5 _____ 00															
Subtractions (attach detailed explanation of each item) 6a. Interest from exempt federal obligations 6a _____ 00 6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6. 6b _____ 00 7. Amount of any state income tax refund included in federal ordinary income 7 _____ 00 8. Federally taxable — Missouri exempt obligations 8 _____ 00 9. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____) 9 _____ 00 10. Missouri depreciation basis adjustment (Section 143.121.3(g) RSMo) 10 _____ 00 11. Depreciation recovery on qualified property that is sold (Section 143.121.3(h) RSMo) 11 _____ 00 12. Total of Lines 6 through 11 12 _____ 00 13. Missouri S corporation adjustment — NET ADDITION — excess Line 5 over Line 12 13 _____ 00 14. Missouri S corporation adjustment — NET SUBTRACTION — excess Line 12 over Line 5 14 _____ 00															
FRANCHISE TAX															
15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet) 15 _____ 00 16. Tax credits — (attach Form MO-TC) 16 _____ 00 17. Approved overpayments applied from last file period 17 _____ 00 18. Payments with Form MO-7004 18 _____ 00 19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return 19 _____ 00 20. Subtotal — add Lines 16 through 19 20 _____ 00 21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted 21 _____ 00 22. Total — Line 20 less Line 21 22 _____ 00															
REFUND/TAX DUE															
23. If Line 22 is greater than Line 15, enter OVERPAYMENT here 23 _____ 00 24. Overpayment to be applied to next filing period 24 _____ 00 25. Overpayment to be refunded — Line 23 less Line 24 REFUND 25 _____ 00 26. If Line 22 is less than Line 15 enter UNDERPAYMENT here 26 _____ 00 27. Enter total amount on Line 27 Interest \$ _____ Penalty \$ _____ 27 _____ 00 28. TOTAL DUE — add Lines 26 and 27 (U.S. funds only) TOTAL DUE 28 _____ 00															
SIGNATURE															
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.				I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.				<input type="checkbox"/> YES <input type="checkbox"/> NO				DOR ONLY			
SIGNATURE OF OFFICER (REQUIRED)				TITLE OF OFFICER				PHONE NUMBER				DATE SIGNED		<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> B	
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)				PREPARER'S FEIN, SSN, OR PTIN				PHONE NUMBER				DATE SIGNED			

ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS

CORPORATION NAME		MITS/MO I.D. NUMBER		CHARTER NUMBER		FEIN NUMBER	
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.		2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER		4. SHAREHOLDER'S SHARE %	5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION	
a)	<input type="checkbox"/>				%		00
b)	<input type="checkbox"/>				%		00
c)	<input type="checkbox"/>				%		00
d)	<input type="checkbox"/>				%		00
e)	<input type="checkbox"/>				%		00
f)	<input type="checkbox"/>				%		00
g)	<input type="checkbox"/>				%		00
h)	<input type="checkbox"/>				%		00
i)	<input type="checkbox"/>				%		00
j)	<input type="checkbox"/>				%		00
k)	<input type="checkbox"/>				%		00
l)	<input type="checkbox"/>				%		00
m)	<input type="checkbox"/>				%		00
n)	<input type="checkbox"/>				%		00
o)	<input type="checkbox"/>				%		00
p)	<input type="checkbox"/>				%		00
q)	<input type="checkbox"/>				%		00
r)	<input type="checkbox"/>				%		00
s)	<input type="checkbox"/>				%		00
t)	<input type="checkbox"/>				%		00
u)	<input type="checkbox"/>				%		00
v)	<input type="checkbox"/>				%		00
w)	<input type="checkbox"/>				%		00
x)	<input type="checkbox"/>				%		00
TOTAL					100 %		00

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.



MISSOURI DEPARTMENT OF REVENUE
**CORPORATION FRANCHISE
TAX SCHEDULE**

SCHEDULE
MO-FT

Attachment Sequence No. 1120-03 and 1120S-01

**Schedule MO-FT must be filed with the
Form MO-1120 or Form MO-1120S.**

CORPORATION NAME		MITS/MO I.D. NUMBER		CHARTER NUMBER		FEIN NUMBER	
FILE PERIOD BEGINNING (MMDDYY)		20		, ENDING		20	
BALANCE SHEET DATE (MMDDYY)							
Do your assets include an interest in a partnership and/or limited liability company? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Has there been a change in your accounting period? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state prior accounting period _____							
Read instructions before completing this schedule. NOTE: You cannot file a consolidated franchise tax return.							
<ul style="list-style-type: none">Corporations having all assets within Missouri complete Lines 1, 2, 6a, and 7 ONLY.Corporations having assets both within and without Missouri complete all lines except 6a.							
1. Par value of issued and outstanding stock (For no-par value stock, see instructions) (not less than zero)				1			00
2. Assets							
2a. Total assets per attached balance sheet				2a			00
2b. Less: Investments in and advances to subsidiaries over 50% owned (Attach Schedule MO-5071 or a schedule showing name of corporations, percentage of ownership, and amount)				2b			00
2c. Adjusted total (Line 2a less Line 2b)				2c			00
3. Allocation per attached balance sheet or schedule (See instructions.)				(A) MISSOURI		(B) EVERYWHERE	
3a. Accounts receivable (net of allowance for bad debt)		3a	00	3a			00
3b. Inventories (net, book value)		3b	00	3b			00
3c. Land and fixed assets (net of accumulated depreciation)		3c	00	3c			00
3d. Total allocated assets (add Lines 3a, 3b, and 3c)		3d	00	3d			00
4. Missouri percentage for apportionment (Line 3d, Column A divided by Column B) Extend the apportionment percentage to six digits to the right of the decimal point.				4			
5. Assets apportioned to Missouri (Line 2c times Line 4)				5			00
6. Tax basis:							
6a. Corporations having all assets within Missouri (Line 2c or Line 1, whichever is greater)				6a			00
6b. Corporations having assets both within and without Missouri (Line 5 or the product of Line 1 times Line 4, whichever is greater.) If Line 6a or Line 6b is \$1,000,000 or less, STOP HERE and check Box A on Form MO-1120 or Box A on Form MO-1120S.				6b			00
7. Tax Computation							
7a. Tax — 1/30th of 1% (.000333 of Line 6a or Line 6b)				7a			00
7b. Short periods (see instructions) — Line 7a x _____ (insert number of months in short period) = Prorated Tax Due 12				7b			00
7c. Tax due (Line 7a or Line 7b, whichever applies) Enter here and on Form MO-1120, Page 1, Line 15 or Form MO-1120S, Page 1, Line 15				7c			00